



Residential Rental Certificate Application

Department of Neighborhood Services

Please use a separate application for each property (taxkey).

Provide the following information for each unit in each building on the property.

Building Address	Building Number or Name if applicable	Define Unit by name, number or location. Example: 1st Flr., Unit 2, A, B, lower front, upper rear, etc.	Current Number of Occupants	Current Number of Leases or Rental Agreements	Code Violations	DNS Dept. Use Only
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
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					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N

Owner information:

Name _____ Doing Business As _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Day /Work Phone _____ Cell Phone _____

E-mail Address (optional) _____ Date of Birth for "Person Owners" ____ - ____ - ____

Property Manager information (If the same as the owner check this box ☐ and go to next section.)

Person to provide access to interior of building and units for inspection.

Owner's Name _____ Doing Business As _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Day /Work Phone _____ Cell Phone _____

E-mail Address (optional) _____

AFFIDAVIT

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct.

Signature of Owner or Authorized Agent _____ Date Signed ____ / ____ / ____

Printed Name of Person Signing _____

Cell Number _____ Work Number _____

For help regarding the completion of this form call DNS at **(414) 286-8824** or visit us on the web at:

www.city.milwaukee.gov/dns

Mail signed application to City of Milwaukee-DNS, 4001 S. 6th St., Milwaukee, WI 53221.

DNS USE ONLY: Date Application Received ____ / ____ / ____